

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: S A M S HOUSE (590018)

Address: 219 S SECOND STREET, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 03/01/1991

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093316 **End Date:** 08/23/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009705 Served 09/11/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

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